TEXAS HIV MEDICATION PROGRAM MEDICAL CERTIFICATION FORM

(TO BE COMPLETED BY PHYSICIAN)

Texas HIV Medication Code (if known)

The information requested is necessary to determine the patient's eligibility for program-supplied, HIV-related therapy as prescribed by you. All information requested will be kept strictly confidential by the Texas Department of State Health Services. Personal identifying info is never released.

PATIENT INFORMATION				
Full Name:				
Mailing Address: Apt. #			Apt. #	
City, State, Zip:			Phone # ()	
			Social Security Number:	
Date of Birth: Month	Day Yea		imber	
NOTICE Changes in therall hereby certify that this patient has	oy <u>after</u> initial approval and/o	or recertification may be		
Plasma RNA Viral Load:	Test Date:	Current CD4 Count:	Test Date:	
copies/mi	/ /		/ /	
PRESCRIBED MEDICATIONS FOR (OPPORTUNISTIC INFECTIONS:			
Dapsone/TMP } unexpl Acyclovir, for acute or chr Itraconazole capsules (S Clarithromycin (Biaxin), fo Azithromycin (Zithromax), Fluconazole, for diagnose Itraconazole suspension Ganciclovir (Cytovene), fo Valganciclovir (Valcyte), fo Megesterol Acetate (Meg of baseline body weight o Atovaquone (Mepron), for Rifabutin (Mycobutin), for Ethambutol (Myambutol), ****REQUIRED**** Is this patient naïve	poranox), for diagnosed histoplas or a current or previous mycobacter if client failed therapy on, or is intended the complete of cryptococcal meningitis or esope (Sporanox), for diagnosed esopher diagnosed CMV disease with infor diagnosed CMV disease with infor diagnosed CMV disease with information of complete of c	erium avium complex (MAC) tolerant of, clarithromycin chageal candidiasis, OR nageal candidiasis fection(s) of major organ(s) infection(s) of major organ(s) inorexia with profound, invoseline body weight the PCP and intolerance to be sterium avium complex (MAC) one) Yes	or organ system(s), OR s) or organ system(s) luntary, acute weight loss ≥10% oth SMZ-TMP and dapsone C) diagnosis No	
PRESCRIBED ANTIRETROVIRA				
zidovudine (AZT, Retro	,	. ,	_ nevirapine (Viramune)	
didanosine (DDI, Videx			_ delavirdine (Rescriptor)	
zalcitabine (DDC, Hivid			_ efavirenz (Sustiva)	
stavudine (D4T, Zerit)	indinavir (Cri		tonofovir (\/iroad)	
lamivudine (3TC, Epivir			_ tenofovir (Viread)	
abacavir sulfate (Ziage			tingenevia (Antivus)	
Combivir (AZT/3TC)*	lopinavir/rito		_ tipranavir (Aptivus)	
Trizivir (AZT/3TC/Ziager				
emtricitabine (Emtriva)		fosamprenavir (Lexiva) – boosted dosage, 1bottle/mo (recommended)		
Truvada (Emtriva/Virea	•	fosamprenavir (Lexiva) – <u>unboosted</u> dosage (2 bottles/mo without low-dose ritonavir); requires consultation with THMP Physician.		
Epzicom (3TC/Ziagen)*		, ,	·	
Please note: *For the 4 antiretroviral lim				
PRINTED NAME OF PHYSICIAN: OFFICE ADDRESS:				
			DATE	
TELEPHONE:	FAX:		_ DATE//	